

# ***FY 2008 DRG Update***

**Audio Seminar/Webinar**  
***Demo***

***Practical Tools for Seminar Learning***

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## Disclaimer

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## Sepsis – a MCC

- 1992 Definition Sepsis is “the **systemic inflammatory response** to infection, manifested by two or more of the following SIRS conditions”
- It is **NOT THE INFECTION ITSELF**, but it is the **RESULT** of or the **RESPONSE** to the infection.

Systemic Inflammatory Response Syndrome ( $\geq 2$  of the following):

- Temperature  $> 38$  C or  $< 36$  C
- Pulse  $> 90$ /min
- Respirations  $> 20$ /min
- White Blood Cells  $> 12,000$  or  $< 4000$  or  $> 10\%$  Bands formed

### WARNING!!!

If the WBC Count is normal AND there is no “left shift” – “bandemia” – it is VERY difficult to substantiate that a patient has sepsis

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## Secondary Diagnosis Issues

### CCs

- 790.7 – Bacteremia
- 599.0 – UTI (“Urosepsis”)
- 995.93
  - SIRS due to non-infectious causes without organ dysfunction

### Major CCs

- All septicemia codes - 038.x
- 995.91 & 995.92
  - SIRS due to infection with and without organ dysfunction
- 995.94
  - SIRS due to non-infectious causes WITH organ dysfunction
- All the pneumonias
- 518.81 – Acute respiratory failure

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## ***MS DRGs***

### ***Simple and Complex Pneumonia***

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>♦ <b>Simple Pneumonia (DRG 89 – 1.0376)</b> <ul style="list-style-type: none"> <li>• MS 195 - w/o CC               <ul style="list-style-type: none"> <li>• 0.8398</li> </ul> </li> <li>• MS 194 – w/CC               <ul style="list-style-type: none"> <li>• 1.0235</li> </ul> </li> <li>• MS 193 – w/MCC               <ul style="list-style-type: none"> <li>• 1.2505</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>♦ <b>Complex Pneumonia (DRG 79 – 1.6268)</b> <ul style="list-style-type: none"> <li>• MS 179 – w/o CC               <ul style="list-style-type: none"> <li>• 0.1.2754</li> </ul> </li> <li>• MS 178 – w/CC               <ul style="list-style-type: none"> <li>• 1.5636</li> </ul> </li> <li>• MS 177 – w/MCC               <ul style="list-style-type: none"> <li>• 1.8444</li> </ul> </li> </ul> </li> </ul> |
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*Sepsis and HIV patients follow different rules*

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## ***MS-DRG Assignment Issues***

Patient was admitted with pneumococcal pneumonia and negative blood cultures

- The fever was 103 degrees, WBC 17,000 w/20% bands
- Pt. treated with antibiotics (source control) and IV fluids (addresses both pneumonia and sepsis). Pt. was not placed on mechanical ventilation.
- ♦ Is the principal Dx
  - Pneumococcal pneumonia?
    - MS-DRG 193 – w/MCC – 1.25
    - MS-DRG 194 – w/CC – 1.02
    - MS-DRG 195 – w/o CC/MCC – 0.84

*Septicemia?*

*MS-DRG 871 w/MCC – 1.75*

*Pneumonia is NOT excluded as a MCC*

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## MS-DRG Assignment Issues Surgery

Patient admitted with renal abscess

- Temperature 103, WBC 20,000 on admission; hypotensive on admission and required dopamine/fluids
  - Failed to respond to antibiotic therapy and percutaneous drainage. Required surgery.

*What's the CDI opportunity in this circumstance?*

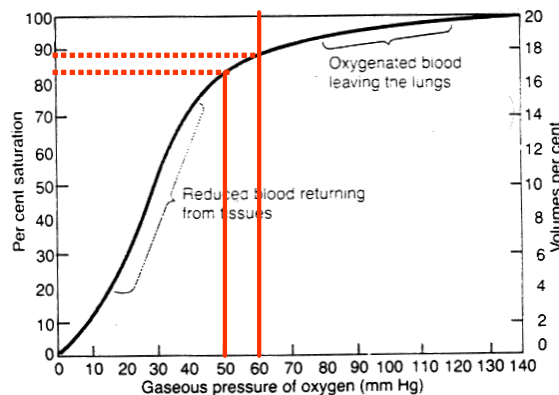
- |                              |                              |
|------------------------------|------------------------------|
| • Renal Abscess              | • Sepsis                     |
| • MS-DRG 659 – w/MCC – 2.81  | • MS-DRG 853 – w/MCC – 5.18  |
| • MS-DRG 660 – w/CC – 2.06   | • MS-DRG 854 – w/CC – 3.93   |
| • MS-DRG 661 – w/o CC – 1.40 | • MS-DRG 855 – w/o CC – 3.37 |

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## C - Respiratory Failure

### Two out of three

- ♦ Hypoxemia
  - Classical definition:  $pO_2 < 60$  mm Hg
  - Needs to be "significant" hypoxemia"
- ♦ Hypercapnia
  - Defined as  $pCO_2 > 50$
  - pH usually  $< 7.35$
- ♦ Respiratory Distress



$pO_2 < 60$  corresponds to  
O<sub>2</sub> Sat  $< 88\%$

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## Options in Respiratory Failure

MS-DRG	MS-DRG Title	Weights
177	Respiratory infections & inflammations w MCC	1.8444
178	Respiratory infections & inflammations w CC	1.5636
179	Respiratory infections & inflammations w/o CC/MCC	1.2754
189	Pulmonary edema & respiratory failure	1.3660
190	Chronic obstructive pulmonary disease w MCC	1.1138
191	Chronic obstructive pulmonary disease w CC	0.9405
192	Chronic obstructive pulmonary disease w/o CC/MCC	0.8145
291	Heart failure & shock w MCC	1.2585
292	Heart failure & shock w CC	1.0134
293	Heart failure & shock w/o CC/MCC	0.8765

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## Acute/Chronic Resp. Failure MS-DRG CC/MCC Allowance

Code	CMS CC	MS-DRG CC	Title
518.81	CMS CC	MSDRG MCC	ACUTE RESPIRATORY FAILURE
518.82	CMS CC	MSDRG CC	OTHER PULMONARY INSUFF
518.83	CMS CC	MSDRG CC	CHRONIC RESPIRATORY FAILURE
518.84	CMS CC	MSDRG MCC	ACUTE AND CHRONIC RESP FAILURE

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## ***COPD/Asthma***

- COPD and asthma are not CCs unless there is evidence of exacerbation
- Be aware of possible acute (MCC) or chronic (CC) respiratory failure associated with these

4911		MUCOPURUL CHR BRONCHITIS
49120		OBST CHR BRONC W/O EXAC
49121	MSDRG CC	OBS CHR BRONC W(AC) EXAC
49122	MSDRG CC	OBS CHR BRONC W AC BRONC
4918		CHRONIC BRONCHITIS NEC
4919		CHRONIC BRONCHITIS NOS
4928		EMPHYSEMA NEC
49301	MSDRG CC	EXT ASTHMA W STATUS ASTH
49302	MSDRG CC	EXT ASTHMA W(ACUTE) EXAC
49311	MSDRG CC	INT ASTHMA W STATUS ASTH
49312	MSDRG CC	INT ASTHMA W (AC) EXAC
49320		CHRONIC OBST ASTHMA NOS
49321	MSDRG CC	CH OB ASTHMA W STAT ASTH
49322	MSDRG CC	CH OBST ASTH W (AC) EXAC
49391	MSDRG CC	ASTHMA W STATUS ASTHMAT
49392	MSDRG CC	ASTHMA NOS W (AC) EXAC
496		CHR AIRWAY OBSTRUCT NEC

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## ***Signs of Exacerbations***

- ♦ Increased frequency or duration of cough, wheezing, shortness of breath
  - Reduced exercise tolerance
  - Awakening at night with symptoms
- ♦ Immediate need for increased therapy
  - More inhalers or breathing treatments; BiPAP
- ♦ Change in oxygen status
  - fall in pO<sub>2</sub> of 10-15 mm Hg or more (see respiratory failure)
- ♦ Production of yellow sputum or hemoptysis
  - Rx with antibiotics



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## ***Acute Blood Loss Anemia Precipitous Drop in Hematocrit***

- ♦ **790.01 – Precipitous Drop in Hematocrit – a CC**
- ♦ **Major Blood Loss defined as 20% blood loss**
  - Would correlate with drop in hematocrit of 8 if baseline is 40
- ♦ **AHA Coding Clinic states that if postoperative anemia is due to acute blood loss, assign 285.1 – Acute blood loss anemia (CC, 1<sup>st</sup> Quarter 2007)**
  - Some orthopedic surgeons unwilling to document this since Healthgrades considers 285.1 as a complication.
  - An alternative may be 790.01 – Precipitous Drop in Hematocrit – which is a CC under MS-DRGs and would be unlikely to influence quality reports

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